

Holiday Camp Registration Form

Child's name _____ Age _____ DOB _____

Guardians' Name(s) _____

Address _____

Phone Number _____ (H) _____ (W) _____ (cell)

EMAIL Address (REQUIRED*) _____

**Email is required for confirmation purposes.*

Before Care (circle one) Y N

After Care (Circle one) Y N

Both (Circle one) Y N

Please DO NOT send money with registration form. Once your child is registered you will receive a confirmation and invoice via email. Mail registration and medical form to 3200 Indian Village road, Columbus, OH 43221.

Cancellation Policy:

There is a \$25 cancellation fee for cancellations made prior to December 12th. Refunds will reflect the full amount of the camp fee minus the \$25. There will be **no refunds** for cancellations after December 12th.

In order to receive a refund, a cancellation notice and refund request must be made by calling 645-3380 and followed with an explanatory letter before the refund will be processed.